

**MAINTENANCE GARDENER PEST CONTROL
BUSINESS LICENSE APPLICATION PACKET**

PR-PML-004 (EST 11/01)

Department of Pesticide Regulation

Pest Management and Licensing Branch

Licensing and Certification Program

1001 I Street

Sacramento, California 95814-2828

Phone: (916) 445-4038 Fax: (916) 445-4033

Web site: <http://www.cdpr.ca.gov>

General Instructions

Maintenance gardeners performing pest control incidental to their gardening business should obtain a **Maintenance Gardener Pest Control Business License**. The Maintenance Gardener Pest Control Business License Application Packet includes the following: (1) Maintenance Gardener Pest Control Business License Application; (2) Supplemental Application Information for Maintenance Gardener Pest Control Business License; (3) Financial Responsibility Options; (4) Liability Certification Statement; (5) Certificate of Insurance; and (6) Certificate of Insurance Requirements Statement.

Businesses performing strictly structural pest control for hire are licensed by the Department of Consumer Affairs, Structural Pest Control Board and are exempt from the Pest Control Business License. However, a Pest Control Business License is required if pest control work for hire is done outside the scope of their structural pest control operator license.

Mailing and Payment Instructions

Mail your application and payment to: Cashier, Department of Pesticide Regulation, P.O. Box 4015, Sacramento, California, 95812-4015. Include a check, money order, or completed VISA/MasterCard Transaction form made payable to the Cashier, Department of Pesticide Regulation, with your application. No coin or currency will be accepted.

Application Completion Instructions

The following instructions will help you complete this application:

- A. **Application Type.** Check one or more of the boxes in this section. (1) If you are a new applicant, check the "New Application" box; (2) If you are changing the name of your business, check the "Name Change" box (See section "C" below); (3) If you are changing your address, check the "Address Change" box; (4) If you are making any other type of change (e.g., change the business' qualified person), check the "Other" box and specify the type of change.
- B. **Business Information.** Please complete the information requested in this section. If you are changing your business name, enter your former business name in section "C". If there is a change in the business name or address, you must immediately notify the Director in writing. If the business name is other than your surname, you must submit a "Fictitious Business Name Statement: with your application. This statement may be obtained from the county clerk's office.
- C. **Former Business Name.** If your business name has changed, enter the former name in this section of the application.
- D. **Business Officers or Owners.** List the name, title, and mailing address of each of your business' officers and/or owners. If necessary, use an additional sheet of paper to complete this list. If there is a change in the business ownership or organization, the Director must be notified immediately in writing. A new application fee must be submitted for this change.

Each eligible employee must complete and submit the Statement of Verification (PR-PML-143) indicating he/she meets the criteria to become a maintenance gardener.

Application Completion Instructions (continued)

E. **Qualified Person.** Each business must have a qualified person who possesses a valid Qualified Applicator Certificate/License with the maintenance gardener pest control category Q or landscape maintenance pest control category B to engage in the business of maintenance gardener pest control. The qualified person is responsible for supervising all pest control operations performed by the business. In this section, enter the name of each qualified person, Qualified Applicator Certificate/License Number, expiration date, and mailing address of location responsible. If necessary, use an additional Qualified Applicator Certificate/License Number, expiration date, and mailing address of location responsible. If necessary, use an additional sheet of paper to complete this list. If there is a change in the qualified person for the business, the Director must be notified immediately. There is no fee required for this change.

F. **Maintenance Gardener Pest Control Business Type.** In this subsection indicate if your business is one of the following: Corporation; Partnership; Limited Liability Company; Limited Liability partnership; or Non-Profit Association.

If your business is a Corporation you must submit with your application, a current copy of the "Certificate of Good Standing".

If your business is a Limited Liability Company or Limited Liability Partnership, you must submit with your application, a current copy of the "Articles of Organization".

These certificates can be obtained for \$6.00 by writing to: Secretary of State,
Attention: Certificate Department, 1500 11th Street, Sacramento, California, 95814-3510.

If your business name is other than your surname (i.e., last name) or if your business name is a partnership, you must submit a "Fictitious Business Name Statement with your application. This statement may be obtained from the county clerk's office.

G. **Maintenance Gardener Pest Control Business Information.** In this section indicate the type of maintenance gardener pest control work your business performs by checking the appropriate box(es).

H. **Liability Insurance.** Each applicant for a Maintenance Gardener Pest Control Business License must demonstrate financial responsibility which meet the requirements of Section 6524 of Title 3 of the California Code of Regulations. NOTE: Coverage must include chemical liability. Financial responsibility is demonstrated by One of the following methods:

- (1) Filing with the Director, an approved certificate of Insurance certifying liability insurance coverage that meets the Department's minimum requirements. This can be achieved by having your insurance carrier complete either the attached "Certificate of Insurance Requirements Statement" (PR-PML-173) must be completed by your insurance company and accompanied with their "Certificate of Insurance" in lieu of the Certificate of Insurance (PR-PML-052),
- (2) In lieu of insurance or a certificate of deposit, the maintenance gardener may provide a "Liability Certificate Statement? (PR-PML-170) to the Director, under the penalty of perjury, that as to chemical property damage resulting from their pest control operations, you are financially able to respond to damages using your own personal assets, or,
- (3) A certificate of Deposit that meets the Department's minimum standards.

See the attached Financial Responsibility Options chart for specific coverage requirements. If you have any questions, please do not hesitate to call us.

MAINTENANCE GARDENER PEST CONTROL (MGPC)**BUSINESS LICENSE APPLICATION**

PRL-004 (REV. 11/01)

DEPARTMENT OF PESTICIDE REGULATION
PEST MANAGEMENT AND LICENSING BRANCH
LICENSING AND CERTIFICATION PROGRAM1001 I STREET
SACRAMENTO, CALIFORNIA 95814-2828

(916) 445-4038

FAX - (916) 445-4033

Web site: <http://www.cdpr.ca.gov/>**4. Application Type.** Indicate the type of application by checking the appropriate box(es) below.

<input type="checkbox"/> NEW APPLICATION	<input type="checkbox"/> NAME CHANGE	<input type="checkbox"/> OTHER (Specify) _____
<input type="checkbox"/> ADDRESS CHANGE	MGPC BUSINESS LICENSE # _____	

B. Business Information (Please print or type)

BUSINESS NAME

EMAIL ADDRESS	FAX NUMBER ()	TELEPHONE NUMBER ()
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BUSINESS MAILING ADDRESS (Number and Street or P.O. Box Number) (City) (County) (State) (ZIP Code)

BUSINESS LOCATION ADDRESS (Number and Street) (City) (County) (State) (ZIP Code)

BUSINESS TYPE (Choose only one box.)

<input type="checkbox"/> CORPORATION	<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LIMITED LIABILITY COMPANY	<input type="checkbox"/> OTHER _____
<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> NON-PROFIT ASSOCIATION	<input type="checkbox"/> LIMITED LIABILITY PARTNERSHIP	

C. Former Business Name. Enter former business name below.

FORMER BUSINESS NAME

D. Business Officers or Owners. (Attach additional sheet if necessary.)

1) NAME TITLE

MAILING ADDRESS (Number and Street or P.O. Box Number) (City) (State) (ZIP Code)

2) NAME TITLE

MAILING ADDRESS (Number and Street or P.O. Box Number) (City) (State) (ZIP Code)

3) NAME TITLE

MAILING ADDRESS (Number and Street or P.O. Box Number) (City) (State) (ZIP Code)

E. Qualified Person. Each business must have a qualified person who possesses a valid Qualified Applicator Certificate (QAC) or Qualified Applicator License (QAL) with the landscape maintenance pest control category (B or Q). The qualified person is responsible for supervising all pest control operations performed at each main location. (Attach additional sheet if necessary.)

1) QUALIFIED PERSON'S NAME QAC NUMBER QAL NUMBER EXPIRATION DATE

LOCATION OF BUSINESS ADDRESS (Number and Street or P.O. Box Number) (City) (State) (ZIP Code)

2) QUALIFIED PERSON'S NAME QAC NUMBER QAL NUMBER EXPIRATION DATE

LOCATION OF BUSINESS ADDRESS (Number and Street or P.O. Box Number) (City) (State) (ZIP Code)

3) QUALIFIED PERSON'S NAME QAC NUMBER QAL NUMBER EXPIRATION DATE

LOCATION OF BUSINESS ADDRESS (Number and Street or P.O. Box Number) (City) (State) (ZIP Code)

4) QUALIFIED PERSON'S NAME QAC NUMBER QAL NUMBER EXPIRATION DATE

LOCATION OF BUSINESS ADDRESS (Number and Street or P.O. Box Number) (City) (State) (ZIP Code)

Application Continued on the Reverse Side

F. Maintenance Gardener Pest Control Business Type

1) Is your business a Corporation?

☐ YES (A current copy of the "Certificate of Good Standing" must be submitted with the application.) ☐ NO

Is your business a Limited Liability Company or a Limited Liability Partnership?

☐ YES (A current copy of the "Articles of Organization" must be submitted with the application.) ☐ NO

2) Is your business name different than your surname (i.e., last name)?

☐ YES (A "Fictitious Business Name Statement" must be submitted with the application.) ☐ NO

3) Is your business a partnership?

☐ YES (A "Fictitious Business Name Statement" must be submitted with the application.) ☐ NO**G. Maintenance Gardener Pest Control Business Information.** (Check appropriate box(es).)

<input type="checkbox"/> Interior Plants or Landscape Maintenance	<input type="checkbox"/> Exterior Landscape Maintenance	<input type="checkbox"/> Vertebrate Pest Control
<input type="checkbox"/> Turf Pest Control	<input type="checkbox"/> Ornamental Pest Control (Treatment to Ornamental Plants)	<input type="checkbox"/> Weed Control

H. Liability Insurance. Each applicant must show proof of financial responsibility that meets the requirements of Section 6524 of Title 3, of the California Code of Regulations. Proof of financial responsibility is demonstrated by having your insurance carrier complete one of the two attached insurance certificates or some other method approved by the Department.

I. Worker's Compensation Insurance. Each applicant who is an employer, as defined in Section 3300 of the Labor Code, is required to carry worker's compensation insurance. If your business has no employees, write "Not Applicable" below.

WORKER'S COMPENSATION INSURANCE CARRIER NAME

POLICY
NUMBEREXPIRATION
DATE**J. Application Fee.** (Fees are non-refundable.)1) ☐ \$50.00 (One year fee) or ☐ \$100.00 (Two year fee)

2) Total Fee(s)

\$.00

Enclosed:

Mail your completed application and fees to the: Cashier, Department of Pesticide Regulation, P.O. Box 4015, Sacramento, California 95812-4015. Please include your check or money order with your application, payable to the Cashier, Department of Pesticide Regulation. No coin or currency will be accepted.

K. Read Before Signing. During the last three years have you had any administrative, civil, or criminal action taken against you for violation of any State or federal laws or regulations relating to the application or use of pesticides that resulted in disciplinary actions or in which any disciplinary action is pending?

☐ YES (State explanation below.) ☐ NO

L. I declare under penalty of perjury, under laws of the State of California, that the above information is true and correct.

APPLICANT SIGNATURE

TITLE

DATE SIGNED

FOR OFFICIAL
USE ONLY

BUSINESS LICENSE NUMBER ISSUED

COMPUTER ENTRY DATE

- I. **Worker's Compensation Insurance.** Each applicant who is an employer as defined in Section 3300 of the Labor Code, is required to carry worker's compensation insurance. In this section of the application, enter the name of the worker's compensation insurance carrier, the policy number, and the policy expiration date.

Application Completion Instructions (continued)

- J. **Application Fees.** Check the appropriate boxes in this section of the application. Indicate the total fees enclosed with the application.

The following Application Fee Schedule will assist you in determining the appropriate application fee:

Year Submitting Application	License Expiration Year ¹		New Application Fee	Branch Location Fee
	A - L			
2001	2002		\$100.00	\$100.00
2002	2002		\$ 50.00	\$ 50.00
2003	2004		\$100.00	\$100.00

Year Submitting Application	License Expiration Year ²		New Application Fee	Branch Location Fee
	M - Z			
2001	2001		\$ 50.00	\$ 50.00
2002	2003		\$100.00	\$100.00
2003	2003		\$ 50.00	\$ 50.00

- K. **Read Before Signing.** Check the "Yes" box if you have had any administrative, civil or criminal action taken against you for any violation of any state or federal laws or regulations relating to the application of pesticides that resulted in disciplinary actions or in which disciplinary action is pending. If your answer yes, explain the circumstances of the disciplinary action.

Declaration/Signature Block. Read the declaration; if you agree, sign and date the application. The owner or officer of the business must sign the declaration.

Mailing & Payment Instructions

Mail your application and payment to: Cashier, Department of Pesticide Regulation, P.O. Box 4015, Sacramento, California, 95812-4015. Include a check, money order or completed VISA/MasterCard Transaction form made payable to the Cashier, Department of Pesticide Regulation, with your application. No coin or currency will be accepted.

¹ If your business name begins with A – L, the expiration date of the business license is on even-numbered years.

² If your business name begins with M – Z, the expiration date of the business license is on odd-numbered years.

LICENSE NO.

STATE OF CALIFORNIA
DEPARTMENT OF PESTICIDE REGULATION



1001 I STREET
SACRAMENTO, CALIFORNIA 95814
(916) 445-4038

**PEST CONTROL BUSINESS LICENSE
MAINTENANCE GARDENER**

THIS LICENSE EXPIRES

= POST THIS LICENSE PROMINENTLY IN PUBLIC VIEW =
THIS LICENSE IS NOT TRANSFERABLE - ANY CHANGE IN OWNERSHIP REQUIRES A NEW LICENSE

Who Needs It?

For persons who perform pest control for hire (advertises, solicits, or operates as a pest control business) incidental to their business of maintenance gardening [FAC section 11704(a)]. The incidental pest control is limited to ornamental and turf plantings indoors, in commercial parks, or surrounding structures [FAC section 11704(b)]. This includes maintenance gardening work in parks, golf courses, cemeteries, rights-of-ways, and other similar sites.

Exemptions: Persons doing pest control incidental to new construction are not required to obtain this business license. This would include construction work such as paving parking lots or driveways, establishing new landscape, or building homes or other structures.

What's Required?

- Have at least one person in a supervisory position who holds a valid QAC or QAL with the Maintenance Gardener (Category Q) or the Landscape Maintenance (Category B) Pest Control Category at each location [FAC section 11704(a)]
- Fulfill financial responsibility requirement [FAC section 11701(c)(2) and 3CCR section 6524]
- Fictitious Business Name Statement from the County Clerk's Office [FAC section 11702(a)]
- Certificate of Good Standing for companies that are corporations - obtained for a fee from the Secretary of State [FAC 11702(a)]
- License fee of \$50.00 per year [FAC section 11704(c)]

Additional Requirements!

- Register with the county agricultural commissioner (CAC) in each county where work is performed (FAC section 11732)
- Retain records of pesticide use for two years (3CCR section 6624)
- Submit pesticide use report records to CAC (3CCR sections 6626 and 6627)
- Have valid permits for restricted materials used (3CCR section 6632)

References: Food and Agricultural Code Sections 11403, 11701 - 11741 and
Title 3, California Code of Regulations Section 6522 - 6524.

FINANCIAL RESPONSIBILITY OPTIONS

(REV. 7/01)

DEPARTMENT OF PESTICIDE REGULATION
 PEST MANAGEMENT AND LICENSING BRANCH
 LICENSING AND CERTIFICATION PROGRAM
 1001 I STREET
 SACRAMENTO, CALIFORNIA 95814-2828
 (916) 445-4038
 FAX - (916) 445-4033
 Web site: <http://www.cdpr.ca.gov/>

Each applicant for a Maintenance Gardener Pest Control Business License must demonstrate financial responsibility for the type of work performed. The applicant can demonstrate financial responsibility by one of the following options: (1) file with the Director an approved original certificate of insurance certifying liability insurance coverage that meets the Department's minimum standards; (2) deposit with the Director a certificate of deposit that meets the Department's minimum standards, or (3) a surety bond that meets the Department's minimum standards, on the form provided by the Director.

Type of Pest Control Business	Option 1: Liability Insurance			Option 2: Certificate of Deposit	Option 3: Surety Bond
	Bodily Injury Per Person	Bodily Injury Per Occurrence	Property Damage		
Maintenance Gardener Pest Control Business License - applicants who perform pest control incidental to their maintenance gardener work. (Note: In lieu of insurance, a certificate of deposit, or a surety bond, the maintenance gardener may provide a statement to the Director under penalty or perjury that as to chemical property damage resulting from their pest control operations, they are financially able to respond to damages using their own personal assets. PR-ENF-170)	\$5,000	\$10,000	\$5,000	\$5,000	\$5,000

SUPPLEMENTAL APPLICATION INFORMATION

Maintenance Gardener Pest Control

Business License

PML-143 (REV. 07/01)

DEPARTMENT OF PESTICIDE REGULATION
PEST MANAGEMENT AND LICENSING BRANCH
LICENSING AND CERTIFICATION PROGRAM

1001 I STREET

SACRAMENTO, CALIFORNIA 95814-2828

(916) 445-4038

FAX - (916) 445-4033

Web site: <http://www.cdpr.ca.gov/>

**SUPPLEMENTAL APPLICATION INFORMATION FOR MAINTENANCE GARDENER
PEST CONTROL BUSINESS LICENSE**

Section 11704(b) of The Food and Agricultural Code states: The maintenance gardener shall be limited to pest control in ornamental and turf plantings, surrounding structures and commercial parks. (A "commercial park" is a tract of land where several commercial establishments [e.g., stores, offices, restaurants, warehouses, factories] are located. Business "parks", industrial "parks", office "parks", and shopping centers or malls would be commercial parks.) A contract or verification that the pest control operation is incidental and the maintenance gardening is the primary purpose shall be immediately submitted to the commissioner or director upon request.

_____, the undersigned, verify under penalty of perjury, that the pest control
(Print Name)

operation is incidental and the maintenance gardening is the primary purpose of my business. The business

name is _____

executed on _____, 19____
(Month and Day)

at _____, California.
(City)

SIGNED _____

(Address)

(City) (State)

**APPLICANT - PLEASE SEND THIS COMPLETED FORM ALONG WITH YOU MAINTENANCE
GARDENER PEST CONTROL BUSINESS LICENSE APPLICATION. SUBMIT TO THE LICENSING AND
CERTIFICATION PROGRAM AT THE ADDRESS LISTED ABOVE IN THE UPPER RIGHT CORNER.**

ABILITY CERTIFICATION STATEMENT

Maintenance Gardener Pest Control

Business License

PML-170 (REV. 07/01)

DEPARTMENT OF PESTICIDE REGULATION
PEST MANAGEMENT AND LICENSING BRANCH
LICENSING AND CERTIFICATION PROGRAM
1001 I STREET
SACRAMENTO, CALIFORNIA 95814-2828
(916) 445-4038
FAX - (916) 445-4033
Web site: <http://www.cdpr.ca.gov/>

_____ certify that I engage in pest control for hire as
an incidental part of my regular Maintenance Gardening business.

I will respond to any damages I may cause while performing activities through the use of my own personal
assets.

I certify that there are no unpaid judgments against my company resulting from lawsuits filed against the
business.

I certify that there are no current lawsuits filed against my company relating to pest control activities.

I certify that there are no liens on my personal or real property due to unpaid taxes.

THE BUSINESS NAME IS _____

**DECLARE UNDER PENALTY OF PERJURY, UNDER THE LAWS OF THE STATE OF CALIFORNIA,
THAT THE FORGOING IS TRUE AND CORRECT.**

SIGNATURE _____ DATE _____

CERTIFICATE OF INSURANCE

PR-PML-052 (REV. 07/01)

DEPARTMENT OF PESTICIDE REGULATION
PEST MANAGEMENT AND LICENSING BRANCH
LICENSING AND CERTIFICATION PROGRAM1001 I STREET
SACRAMENTO, CALIFORNIA 95814-2828

(916) 445-4038

FAX - (916) 445-4033

Web site: <http://www.cdpr.ca.gov/>

This is to certify to the Director of the Department of Pesticide Regulation, whose address is 1001 I Street, Sacramento, California 95814-2828 that _____ (name of business), an applicant for a pest control business license, is at this date insured with _____ (Insurance Company) for the Limits of Coverage stated below.

Coverage Descriptive Schedule

Insurance Coverage	Policy Number(s)	Expiration Date(s)	Limit of Liability Per Person	Limit of Liability Per Occurrence	Limit of Liability Annual Aggregate
1. Bodily injury <u>including</u> Chemical Liability			\$	\$	\$
2. Property Damage <u>including</u> Chemical Liability			\$	\$	\$
3. Combined Single Limit for Bodily Injury and Property Damage <u>including</u> Chemical Liability				\$	\$

List of Covered Aircraft (Attach additional sheet if necessary)

Aircraft "N" Number	Aircraft Usages (Chemical Use/Nonchemical Use)	Remarks
1) N		
2) N		
3) N		

Insured Information

INSURED BUSINESS NAME	PEST CONTROL BUSINESS LICENSE NUMBER
BUSINESS LOCATION ADDRESS (City)	(State) (Zip Code)

Insurance Company and Insurance Agent/Broker Information

1. INSURANCE COMPANY NAME	FAX NUMBER ()	EMAIL ADDRESS	PHONE NUMBER ()
MAILING ADDRESS (City)	(State)	(Zip Code)	
CONTACT PERSON NAME			
2. INSURANCE AGENT/BROKER NAME	FAX NUMBER ()	EMAIL ADDRESS	PHONE NUMBER ()
MAILING ADDRESS (City)	(State)	(Zip Code)	
CONTACT PERSON NAME			

The undersigned hereby certifies that liability insurance issued to the aforementioned insured, fulfills the requirements stated above and the requirements pursuant to Section 6524, of Title 3, of the California Code of Regulations.

The issuing company agrees that in the event of non renewal or material change, including cancellation or reduction of coverage of the policy(ies), the issuing company will endeavor to give the party to whom the Certification is issued 90 days advance notice of such non renewal or change, but the issuing company shall not be liable in any way for failure to give such notice.

INSURANCE REPRESENTATIVE SIGNATURE	DATE SIGNED
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**CERTIFICATE OF INSURANCE
REQUIREMENTS STATEMENT**

R-PML-173 (EST. 07/01)

DEPARTMENT OF PESTICIDE REGULATION
PEST MANAGEMENT AND LICENSING BRANCH
LICENSING AND CERTIFICATION PROGRAM
1001 I STREET
SACRAMENTO, CALIFORNIA 95814-2828
(916) 445-4038
FAX - (916) 445-4033
Web site: <http://www.cdpr.ca.gov/>

1. Instruction. If this certificate is used to demonstrate financial responsibility, it must be completed by the insurance company. In addition to this certificate, your insurance company must provide the Department with their certificate of insurance describing the insurance afforded to your pest control business.

B. Certificate Statement

This certifies that the insurance policy of _____ (company affording coverage) issued to _____ (insured name), an applicant for a pest control business license affords the following coverage:

1. Covers crop or landscape or property damage as a result of a drift of a pesticide from the area of treatment.
2. Covers crop or landscape or property damage that may result from the handling of a pesticide or equipment failure during the pesticide application.
3. Covers bodily injury to persons not involved with the pesticide application when the pesticide is directly indirectly applied on them accidentally and results in an illness, or injury.

C. Insured Information

INSURED BUSINESS NAME		PEST CONTROL BUSINESS LICENSE NUMBER	
BUSINESS LOCATION ADDRESS	(City)	(State)	(Zip Code)

D. Insurance Company and Insurance Agent/Broker Information

1. INSURANCE COMPANY NAME		EMAIL ADDRESS	PHONE NUMBER ()
MAILING ADDRESS	(City)	(State)	(Zip Code)
CONTACT PERSON NAME			
2. INSURANCE AGENT/BROKER NAME		EMAIL ADDRESS	PHONE NUMBER ()
MAILING ADDRESS	(City)	(State)	(Zip Code)
CONTACT PERSON NAME			

The undersigned hereby certifies that liability insurance issued to the aforementioned insured, fulfills the requirements stated above and the requirements pursuant to Section 6524, of Title 3, of the California Code of Regulations.

The issuing company agrees that in the event of non renewal or material change, including cancellation or reduction of coverage of the policy(ies), the issuing company will endeavor to give the party to whom the Certification is issued 30 days advance notice of such non renewal or change, but the issuing company shall not be liable in any way for failure to give such notice.

INSURANCE REPRESENTATIVE SIGNATURE	DATE SIGNED
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INSTRUCTIONS:

For conducting transactions using VISA or MasterCard only. No other cards are accepted.

Complete **ALL** cardholder information.

If you have any questions, please call the Licensing and Certification Program at (916) 445-4038.

Mail your completed application, with this form to:

ATTN: Cashier
Department of Pesticide Regulation
P.O. Box 4015
Sacramento, CA 95812-4015

DO NOT FAX this form to DPR

NAME OF CARDHOLDER (NAME APPEARING ON THE BANK CARD)															CHECK ONE <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard		TODAY'S DATE	
BANK CARD NUMBER (16 DIGITS)																BANK CARD EXPIRATION DATE	TOTAL AMOUNT OF PAYMENT	
																	\$.
																	TELEPHONE NUMBER	
																	()	

SIGNATURE OF CARDHOLDER (NAME APPEARING ON THE BANK CARD)

OR PAYMENT OF:

NAME OF LICENSEE

MAILING ADDRESS (Street or P.O. Box Number)

City, State, and ZIP Code)

DEPARTMENT USE ONLY) - ENTERED ON POS BY:	TODAY'S DATE	DATE MAILED	BY

